Northern Ireland Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

COVID-19 Disease Response – Vulnerable Children: Department of Health, Department of Education, Health and Social Care Board, Public Health Agency

18 February 2021

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Mr Colm Gildernew (Chairperson)
Mrs Pam Cameron (Deputy Chairperson)
Ms Paula Bradshaw
Mr Jonathan Buckley
Mr Gerry Carroll
Mr Alan Chambers
Ms Órlaithí Flynn
Ms Cara Hunter
Ms Carál Ní Chuilín

Witnesses:

Mr Ricky Irwin	Department of Education
Mr Mark Lee	Department of Health
Ms Eilís McDaniel	Department of Health
Mr Maurice Leeson	Health and Social Care Board
Ms Geraldine Teague	Public Health Agency

The Chairperson (Mr Gildernew): I welcome to our meeting this morning Ms Eilís McDaniel, director of childcare and family policy in the Department of Health. Good morning, Eilís. Are you able to hear us?

Ms Eilís McDaniel (Department of Health): I can, Chair. Good morning.

The Chairperson (Mr Gildernew): We are also joined by Mr Mark Lee, director of mental health, disability and older people in the Department of Health. Good morning, Mark.

Mr Mark Lee (Department of Health): Good morning, Chair.

The Chairperson (Mr Gildernew): We also have Mr Ricky Irwin, director of inclusion and well-being in the Department of Education. Good morning, Ricky.

I cannot hear Ricky.

Mr Ricky Irwin (Department of Education): Good morning. Can you hear me now?

The Chairperson (Mr Gildernew): Yes. Thank you. Good morning, Ricky.

We are also joined by Mr Maurice Leeson, a children's services planning professional adviser on the Health and Social Care Board (HSCB) Good morning, Maurice.

We will contact Broadcasting to check on Maurice's connection.

We also have Ms Geraldine Teague, lead allied health professions (AHP) consultant in the Public Health Agency (PHA). Good morning, Geraldine.

The Committee Clerk: Chair, I do not think that Geraldine is on the call at the minute.

The Chairperson (Mr Gildernew): OK. We are well represented enough to make a start.

I remind all panel members to use a headset if possible and ensure that your email alerts are turned off. We know that you are all very busy people and that your email inboxes are constantly pinging; that can sometimes be heard. Also, be conscious of the connections. We have quite a complicated set-up this morning in terms of how many different places people are coming from, so I ask the panel members to identify who will answer the substantive question. Then, if anyone wants to give any subsequent or additional information, indicate to me, and I will bring you in. It is usually easier to have a substantive answer from one person. It is also easier if you have access to a headset.

Eilís, are you giving the substantive briefing? Will you outline how you want to manage that before we move to the question-and-answer session?

Ms McDaniel: I will make the opening remarks, and other panel members will then answer questions from the Committee. We know who will deal with which question because we each have our own area of policy responsibility. Do you want me to start, Chair, with the opening remarks?

The Chairperson (Mr Gildernew): Yes, please, go ahead. I should have said that you are all very welcome to the meeting. We appreciate your attendance. Eilís, go ahead.

Ms McDaniel: Thank you, Chair. Members of the Committee, thank you for the opportunity to brief you on the COVID-19 vulnerable children and young people's plan. We want to explain why the plan was developed and provide information on the outcome of the consultation on it.

At the outset of the pandemic, a decision was made to collect data relating to children who come to the attention of children's social services weekly. Our initial concerns were triggered when the number of referrals to children's social services fell in the earliest days of the pandemic. By the week commencing 6 April 2020, a weekly average of 646 referrals had fallen to 542, and, after discussions with officials in other parts of the UK, we knew that that trend was repeated in all four jurisdictions. That raised questions about the potential for harm to some children and young people who were no longer visible as a result of lockdown, and that was one of the key reasons why we sought to get vulnerable children into schools.

However, the trend reversed rapidly. By 11 May, the three-week rolling average for numbers of referrals was consistently in excess of the average number of referrals received weekly before the pandemic. This trend of falling numbers followed by a spike was repeated during the circuit breaker, and it is being repeated during the current period of lockdown, making access to school as important as it was back in March or April last year.

We moved quite quickly to work with the Department of Education to try to get children known to social services into school, including looked-after children. Health and social care trusts also sought places for some children in childcare, including children who do not, in normal circumstances, attend childcare. That was not without challenge. The overriding public health message at that stage was to stay at home, and, as a consequence, many parents and carers were fearful of allowing their children to leave the home. At a very early stage, arrangements were agreed with the police to monitor closely families in which domestic violence was known to be an issue. The joint working arrangements between Health and Education extended to supporting children with special educational needs (SEN) during lockdown and in preparation for the return to school at the end of August 2020. I will say more about those joint working arrangements later.

Uncertain about how long the pandemic would last, conscious of the efforts by a number of Departments and agencies to support and protect vulnerable children and families, and knowing that we needed a more coordinated, cross-departmental, inter-agency effort, we sought to pull those efforts together in the form of a vulnerable children and young people's plan. The plan was developed jointly by the Department of Health, the Department of Education, the Department of Justice, the Department for Communities and the Department for the Economy. The stated aim of the plan is to promote the safety and well-being of children and young people during the COVID-19 pandemic, both in the home environment and in the wider community. It also aims to strengthen system capacity, not only to respond to current challenges and risks but to make preparations for the future rebuilding of services, alongside responding to further pandemic surges and associated restrictions as necessary. The plan recognises that there are risks facing children and young people inside and outside the home. It also recognises the pressures on children's services caused by the absence of staff who are personally impacted on by the virus and the need to deliver services in keeping with public health advice.

We cast the net widely for the definition of vulnerable child. It is intended to include children and young people who were receiving support before the pandemic as well as those experiencing increased pressure as a direct result of the pandemic. It includes children known to children's social services, including children on the child protection register, in care, on the edge of care, care leavers and children placed for adoption. It extends to children in receipt of child and adolescent mental health services (CAMHS), those who have a statement of special educational needs, those who are accessing education other than at school (EOTAS) provision and those who are accessing education nurture units. It also includes children not known to a statutory or voluntary and community support service who are vulnerable because their family is under increased pressure due to COVID-19-related circumstances. Asylum-seeking children, refugee children and children whose parents who have no recourse to public funds are also captured by the definition.

The plan reflects how services have adapted and enhanced provision to continue to support children and families during COVID-19, as well as the new actions that have been undertaken specifically to address some of the risks and challenges. A key element of the plan is ensuring that children and families know how to access supports, particularly those that were not available in the usual way. This includes the promotion of helplines such as the National Society for the Prevention of Cruelty to Children (NSPCC) helpline and the domestic and sexual abuse helpline, both of which were advertised across TV, radio and social media early in the pandemic. It also involves signposting families to sources of help through, for example, family support hubs and the COVID-19 community helpline.

The plan also includes direct supports that have been provided to families: for example, the provision of digital services to support home learning; additional funding to support families where there is domestic violence; and supports for those who need to access food through additional investment in FareShare, which is a national network of food distributors. Capacity building includes putting in place protective measures to allow staff to deliver key services to families safely, measures to ensure that adequate staffing levels are maintained and delivering services in different and innovative ways. The more frequent data collection ensured that we had the most up-to-date information on which to base decisions, and we continue to issue guidance in response to changing circumstances.

We also ensured that the plan included specific actions that are focused on the mental health needs of children and young people. This recognises that the pandemic has further exacerbated our poor rates of mental health, including in the children's population. Aligned to the Department's COVID mental health response plan, which was published in May 2020, actions included adjusting CAMHS delivery models to address immediate priorities and maintain a level of continuity, as well as the development of a range of resource material for children and young people to help to manage their mental health during COVID-19.

The plan was approved by the Executive, and it was issued for consultation on 18 September 2020. We received 50 responses from a wide range of organisations, including voluntary and community organisations, faith organisations, statutory organisations, local government, professional bodies, political parties and one of our universities. The responses have been analysed by the Department of Health on behalf of the other Departments. Many respondents welcomed the plan and the actions in it. The majority of those who responded to the questionnaire agreed with the definition of vulnerable children and young people, and with the plan's objectives and actions.

Respondents identified areas where they felt that more could be done. Around 50% of those who responded had concerns that needs were not being addressed, including concerns about provision for

children with complex needs such as a disability, autism or special educational needs. A number referenced how the loss of routines and support had led to an increase in challenging behaviour. The responses also reflect the concerns that children may be educationally disadvantaged in homes where parents are not equipped to support home learning: for example, those with lower literacy or numeracy levels; where parents do not speak English; or because of limited access to a digital device or adequate internet provision.

Financial hardship was also highlighted, as were concerns about the number of families who are in poverty or are being pushed into poverty for the first time by the pandemic. Respondents also referenced the isolation being experienced by vulnerable children and young people and their families. There were also comments in relation to harm as a result of increased time online. Concerns were expressed about gaming addictions and about the impact of increased online time on children and young people's mental health, as well as the risk of sexual exploitation.

The consultation responses and an analysis of the findings have been shared with other Departments so that they can apply the learning to ongoing planning and delivering for vulnerable children and young people during this lockdown and into the future. Joint working by Departments has been facilitated under the plan, particularly between the Health and Education Departments, and that is why Ricky has joined us today. One example is the development of the vulnerable children contingency framework, which has been put in place by both Departments, the Health and Social Care Board, the Public Health Agency and the Education Authority (EA). The framework builds on cross-departmental and agency planning for vulnerable children, which was put in place early in the pandemic and was the direct response to calls for a single COVID-19 multidisciplinary vulnerable children process and to feedback from the consultation and other sources on the impact of the pandemic and lockdown on vulnerable children and their families.

For some of our most vulnerable children, the protective factor of attendance at school, along with continued access to health and other supports, provides a vital public service that helps to keep vulnerable children and their families safe and promotes their well-being. The framework aims to ensure that effective education and associated health and social care supports are in place for vulnerable children and young people in circumstances where COVID-related restrictions have an impact on access to schools. The definition of vulnerable child or young person is drawn from the COVID-19 vulnerable children and young people's plan.

At the end of December 2020, the Executive decided to move to remote learning for all mainstream education providers, including preschool education settings and primary and post-primary schools. Schools, including special schools, are open for vulnerable children and children of key workers only. The contingency framework has been engaged since January 2021. The framework guides how vulnerable children are identified and supported, in partnership with parents, carers and children, in school or at home, depending on the level of restriction on school provision.

Schools are advised to work with Education and health and social care partners to identify vulnerable children using information that is already available to them through schools' pastoral care systems and their knowledge of children and their families. That is supported by weekly oversight meetings, which are attended by officials from the Health and Education Departments, the Education Authority, the Public Health Agency and the Health and Social Care Board. Throughout the pandemic, the Department of Education, Department of Health, EA, PHA and health and social care staff have continued to work with the special schools strategic leadership group to put additional measures in place to ensure that they are supported. The frequency of meetings increased in line with the scale of the challenges.

Ministers have now agreed that staff in special schools who are supporting children with the most complex healthcare needs will be offered the COVID-19 vaccine. Whilst children generally are not at increased risk, these are some of the most vulnerable young people. By vaccinating special school staff, we are protecting those children who may be at a higher health risk if exposed to COVID-19. Both Departments have also agreed and announced a PHA proposal to commence weekly asymptomatic testing for special school staff and pupils. Testing will commence this month and will contribute to reducing the rate of infections in special schools. Regular testing identifies cases before they are symptomatic and those that are asymptomatic, allowing immediate self-isolation and, potentially, reducing wider transmission within the school and among contact groups of pupils and staff.

The planning process enabled us to identify and articulate the risks and challenges experienced by children and families during the pandemic; to identify what Departments were doing in response to

those risks and challenges; and to identify gaps in provision and promote new responses. This pandemic has prompted, in some cases out of necessity, services to be delivered in innovative and new ways. It is important that we capture the lessons learned — good and bad — from this experience and that we recognise and react to the scale of the challenge for children, young people and their families.

This was an emergency plan, Chair, developed in response to a public health emergency. It is not intended to be, nor is it, a substitute for longer-term planning under existing strategies, including the children and young people's strategy and associated strategies for vulnerable groups of children, young people and their families. Members should note that the children and young people's strategy has identified the impact of the pandemic as one of the areas of greatest focus going forward. It had already identified many of the children who fall within the definition of vulnerable child under the COVID-19 vulnerable children plan as those whose needs require specific attention. Many of those children's needs have been exacerbated by the pandemic, meaning that Departments will need to work together in the future, potentially redoubling their efforts to ensure that those needs are met.

Likewise, the key priority areas identified by the children and young people's strategic partnership, which it will take forward over the next planning period, align with key themes of concern from the vulnerable children planning process and local and wider research on the impact of the pandemic. Those priority areas are children's mental health and emotional well-being; early intervention support for children with disabilities and their families; support to children whose well-being is being affected by disruption to their schooling; and contribution to strategic and cross-departmental actions in response to food and fuel poverty as well as locality-based service responses. Members of the partnership, which will include all of the key children's organisations across a range of sectors, will prioritise these areas of concern. They have committed to seek opportunities to work together to coordinate activity to address those concerns. They will also share best practice and learning. Thank you, Chair. We are happy to take questions from members.

The Chairperson (Mr Gildernew): Thank you, Eilís. I appreciate that. Before going to questions, I declare an interest: my previous role as a social worker involved working in family and childcare, and I am on a career break from one of our trusts. I also want to reflect the grave concerns of teachers and school staff about all of these issues. They are acutely conscious of that. From speaking to teachers locally, I know of the efforts that have been made to fill that gap and keep an eye on children who, they think, may need extra support, and I commend them. They have managed that, through very difficult times, to the best of their ability. I want to acknowledge that as well.

Eilís, a substantial, very detailed and thorough response has come from the Children's Law Centre (CLC), and I acknowledge that. The centre raised an issue with the definition, pointing out that it excludes children who need a social worker but have not been allocated one because of ongoing delays. Do you recognise that as an issue, Eilís?

Ms McDaniel: The definition included children already known to services. It also included children who are not known to services. That was intended to be a catch-all, and it was a recognition that the pandemic was probably going to impact on families who had previously not come to the attention of services. I know what the Children's Law Centre has said. I think that the definition is as extensive as it needs to be. The issue with families who are not known to services is ensuring that, if they are experiencing difficulties, they can access help. One of the things that we did during the pandemic — we have repeated it several times — was to raise public awareness of some of the challenges that were being experienced by children and families. We advised the public to be vigilant and recommended that they make contact with services if they had any concerns about any child or family who might be in need.

The Chairperson (Mr Gildernew): That would appear to be a very logical approach. However, as the CLC pointed out, the definition in article 17 of the Children Order 1995 ensures the inclusion of children in hospital and those in poverty. Why have you decided not to use that definition?

Ms McDaniel: The definition includes children "in need", which is a reference to children who are "in need" within the meaning of article 17. We have engaged in a discussion with CLC on that point. Therefore, I think that it is wrong to suggest that the definition of children in need within the legislation is not covered by the definition; it absolutely is.

The Chairperson (Mr Gildernew): OK. Moving on to the equality impact assessment (EQIA), I note that you said that this is an emergency plan. In light of the fact that it is an emergency plan, does that

not indicate that broader, deeper consultation is needed, which access to Zoom meetings makes possible. You would think that the people who are engaged in that work would still be able to find other ways to ensure that that equality impact assessment was going on. The Children's Law Centre makes some telling and concerning remarks. It has stated that the action plan:

"should have been screened in and a full equality impact assessment carried out".

It says that the Departments:

"have failed in their duty to consult with all stakeholders"

and, in so doing:

"have deprived themselves of the opportunity to be fully informed".

That is a key point. For me, a consultation is always an opportunity to take first-hand experience from people on the ground. The net impact of that, worryingly, is that:

"Acting on partial information, the Departments may have in fact exacerbated inequalities for some of the most vulnerable children by diverting resources away from them."

What are your comments on that, Eilís?

Ms McDaniel: We did not undertake a screening exercise or an equality impact assessment when we put the plan together. I have made the point that we were required to act quickly. I think that what we did mirrored what was done in other parts of the UK. The purpose of having the consultation, eventually, which was undertaken — granted, later in the year — was that we wanted to see whether we had pitched the plan correctly, whether we were covering all of the risks and challenges faced by children and families and whether there was anything more that we needed to do. It is wrong to suggest that, in the construction of the plan, we were not using the information that was available to us. In the very earliest days, we worked closely with organisations such as the NSPCC and Barnardo's and engaged with family support hubs to get a sense of the issues being faced by families in the very earliest of days. One thing that we did quite quickly was that Children in Northern Ireland (CiNI) undertook a parenting survey. I think that it ran from May to June. Very quickly, we had children on a Zoom call, as you suggested, Chair, with senior officials from the relevant Departments, so that they could be made aware of the key messages from that survey. Hands up, Chair, we did not undertake a full screening exercise or equality impact assessment, but it is wrong to suggest that we acted without access to the evidence available to us.

The Chairperson (Mr Gildernew): I appreciate that; it is absolutely as we would expect. However, given that we are now a year into the pandemic and that all Departments have indicated that they will learn and implement learning, you would expect that the very important issue of equality screening would now be addressed more fully. Actually, it is more important. In the current circumstances, it needs to be done more rather than less. That is an issue.

That is noted in relation to all Departments, and not just Health, but it is crucial that equality impact assessments do now happen and are improved and increased rather than lessened in any respect.

Thanks, Eilís, for that.

Ms Bradshaw: Good morning, panel. Thank you very much for coming. Did the issue of equal protection come up as a legislative change during the consultation process that you undertook last year? Equal protection is the NSPCC campaign to remove from the law the defence of reasonable chastisement.

Ms McDaniel: I would need to check the consultation responses in more detail. From memory, I do not think that it came up, but I would prefer to check the responses and the report to make absolutely certain that I am advising you correctly.

Ms Bradshaw: My second question is also about putting things on a statutory footing. I suppose that a lot of the services that have been developed may, as you say, be adapted and continued. Are there

plans to make some of those support services almost a legal obligation so that children and young people can have guaranteed protection under the law?

Ms McDaniel: Statutory duties already exist. The Chair referred to the Children Order and requirements under the Order relating to children in need, for example. There are requirements under the Children Order to provide services to children and families in need. Statutory duties in the order relate also to the protection of children and looked-after children. Some of those duties, I think, already exist. We are bringing forward an adoption and children Bill that will strengthen some of the protections available to the most vulnerable children, including, for example, children who have left care, by extending provision to them for longer. In short, the duties that you are asking for already exist in legislation, and, through the adoption and children Bill, there is the potential to strengthen them.

Ms Bradshaw: I meant the heightened, more robust support services that they could access or be provided with. Have we a timeline for when the adoption and children Bill will come before the Committee for scrutiny?

Ms McDaniel: The intention is to introduce it by the end of March and have First Reading by the end of March. That is the plan, and all the indications are that we will be able to do that. If that is the case, scrutiny by the Committee will happen after Easter.

Ms Bradshaw: OK, thank you very much.

The Chairperson (Mr Gildernew): Members, we will use our normal system of allocating time. Each will have eight or nine minutes, and I will allow members to manage that for themselves.

Ms Flynn: Thanks, Eilís. I have been wondering about the first action point in the plan, how you:

"Maximise opportunities for vulnerable children to spend time safely out of the home environment".

Obviously, there is the issue of getting them into school. You list the various professionals who can make that identification and get kids back into school if they need time in a safer environment: social workers, teachers, school nurses and youth workers. How will that work in practice? Is it up to the teacher, the PSNI, or the youth worker? Who takes on sole responsibility to reach out to a family or legal guardian to ensure that the child can access school? It seems unclear because so many professionals are mentioned. Is there one focus on how you reach out to vulnerable kids?

Have you figures for the last year as to how many vulnerable children have taken up that option, and can you guarantee that all those families have been reached out to so that they know that that option is available? Having got feedback from various families, I am not sure that they are all aware of it.

Ms McDaniel: OK, Órlaithí. Thank you very much for your question. That is exactly the purpose of the contingency framework that I referred to — the joint framework put in place by Health and Education. Its purpose is to enable vulnerable children to get into school in circumstances where restrictions apply.

The framework deals with identification and indicates that primary responsibility rests with the school. I addressed that in my opening remarks. Schools know the children best, through their pastoral care systems, etc. The Department has communicated with health and social care trusts, making it clear that trusts need to engage fully with the framework. It requires social workers to work with schools to ensure that vulnerable children who are known to them are enabled to go to school. It also requires other health professionals to work with schools to provide vulnerable children with the health and social care supports that they require.

At this point, I will hand over to Ricky to provide you with some of the figures that you have asked for. I can say that the position in the third wave is considerably different from that of the first. We have considerably more children in schools, but Ricky will fill you in on the detail.

Mr Irwin: We have seen a much more positive position in school attendance since the beginning of term, and that is certainly true of the attendance of vulnerable children and young people.

Eilís is right: schools have primary responsibility for reaching out to children whom they deem vulnerable for how they access learning. The framework is supposed to encourage whatever is in the best interests of the child. If, for that child, it means encouraging attendance at school, that is what the school will do. However, the school is not alone in that. It will work closely with the Education Authority services. There are various pupil support services that have individual caseloads of vulnerable children: the Child Protection Support Service, the Education Welfare Service, children who are looked after, those who attend nurture groups and so on.

The EA has been reaching out to those families and children — sorry, there is the Youth Service as well, of course — to make connections and encourage school attendance. Where school attendance is not achieved, we want to make sure that there is some form of learning in place and that other supports for health and well-being are made available to families.

During the first wave, we set up a survey process with the schools that were operating at that time and asked them to report to us regularly on the number of vulnerable children who were in attendance at school. It is fair to say that the number was quite low early on; it was in the hundreds. We are now into the thousands. There are now 2,000 or 3,000 vulnerable children attending school, and that is separate from children who attend special schools, which, of course, have been open since the beginning of term.

All the children who attend special schools are vulnerable according to the definition because they have a statement of special educational need. Attendance at special schools, since the beginning of term, has been in and around 50%, which is about 3,000 children. The figures are a lot healthier. I do not have the exact figures from this week with me, as I was not able to get them before the meeting this morning, but I can certainly follow up and get them to the Committee, if you want me to.

Ms Flynn: That is really helpful. Thanks very much, Ricky and Eilís. The special schools have probably had more structure in the sense that they have remained open for vulnerable kids, but I am more concerned about vulnerable kids who have special educational needs and statements but are in mainstream schools. That is good to know. I assume that the mainstream schools report to you to make sure that they are following that process for their vulnerable children. Is that right?

Mr Irwin: Schools have a system called the school information management system (SIMS), which is a computer system on which they record daily attendance. We get the results of that. We also have a weekly survey through which we ask schools to identify the numbers of vulnerable children who are and are not in school. We get the results of that as well. We also get a weekly report from the Education Authority. That is quite a wide-ranging report that goes across 10 to 12 EA services, and the EA gives us detail on the number of children and families that it is dealing with, the level of contact it has and where it has to escalate when it has concerns. We get quite a lot of data on a regular basis, so we are in regular touch with the school system.

I am not in touch with 1,100 schools on a weekly basis, because it would not be physically possible, but the EA has a range of support officers called cross-organisational link officers (COLOs) to support schools through the pandemic. Special schools have an additional layer of dedicated support officers from the EA to support them because of their special and individual circumstances. There is quite a strong network of support in place, and we monitor the situation each week.

Ms Flynn: OK. Thank you. The contingency framework, as Eilís outlined, and this plan will help those numbers to increase again.

Finally, I want to return to an issue that the Chair raised. The Children's Law Centre flagged up concerns about the definition of a vulnerable child. Colm mentioned children who are waiting to be assigned a social worker, and, obviously, they do not come under that definition. How many children have been identified as possibly being at risk and are waiting to have a social worker assigned to them but who might not be picked up in this plan? Do you have a figure for how many kids might be affected?

Ms McDaniel: Órlaithí, we collect information on what we call unallocated cases. I assure you that there will never be a case unallocated to a social worker where there are child protection concerns: that will absolutely not happen. We started the year with a relatively high number of unallocated cases. In March of last year, it was about 800 cases, and that fell consistently through to August 2020. Unfortunately, it has been on the rise since. The latest figure before me is 711 unallocated cases on 30 November 2020.

It has been recognised by the Department as a problem, and it is one of the reasons why we have made an additional investment in our family intervention teams. Therefore, about £4·6 million was allocated to those teams last year to enable them to employ additional social workers. About 10 band-7 social workers have been employed in each of the five trusts. We are also putting in social work assistant support so that social workers can avoid some of the bureaucratic work that they sometimes have to be involved in. We have also put recruitment support in place.

We do recognise that it is a problem. I assure you that no child with child protection needs will not be allocated to a social worker. We have invested to address the problem.

Ms Flynn: That is great. Thank you.

Mrs Cameron: Thank you Eilís and the panel for your attendance this morning. Dealing with vulnerable children is a very worrying topic, but I welcome the emergency plan that is a cross-departmental piece of work.

You mentioned vulnerable children who are known to be at risk from domestic violence. I understand that, but we also recognise that some children will have become vulnerable only as a result of direct pressures on families from COVID-19. Can you outline how the action plan is addressing children who have had no prior contact with services? How are the 29 family support hubs meeting the needs of those young people?

Ms McDaniel: I will hand over to Mark, as he is the lead on domestic violence policy, and I might come in with additional information about the activities that have been going on in individual trust areas.

Mr Lee: The evidence from across the world has seen rates of domestic violence increase during lockdown. As a result, we have provided additional funding to agencies that support people experiencing domestic violence. About £60,000 was provided to Women's Aid for its work supporting children and young people. We have also provided additional funding to the domestic violence helpline to ensure that it can deal with increased calls but also to continue to operate within the requirements for social distancing. More recently, funding was signed off for the Men's Advisory Project (MAP) to provide psychological counselling for male victims of domestic violence.

We have also picked up on a Home Office-led domestic abuse code word scheme working through participating pharmacies, including Boots. There are about 95 such pharmacies in Northern Ireland. Individuals can walk in and ask for an action needed immediately (ANI) code word. That is a recognised code word. They will be taken somewhere private and signposted to appropriate services to support them if they are experiencing domestic violence.

Those are some of the initiatives that have been taken. PSNI has also led cross-cutting work into the impact of increased domestic violence and how we respond to it in order to ensure that we maintain awareness across society of the need to look out for domestic violence, respond to it and not look away when there are concerns that it is happening. Those are some of the additional actions in response to the domestic violence-related pressures that have occurred during lockdown.

Ms McDaniel: I will just mention what has been going on in trust areas. Over the past year, including Christmas, the South Eastern Trust and the Southern Trust have run social media campaigns, working with local councils and the district policing and community safety partnerships. That has worked quite well. The Southern Trust has worked with local partners to prevent issues getting out of hand or escalating. The trust has advised that it worked with about 177 families up until December 2020 to prevent domestic violence from becoming an issue in families.

Mrs Cameron: Thank you both for that. I am glad to hear about the funding to Women's Aid and MAP to deal with domestic violence. However, it is important to remember that domestic violence affects children. The long-term impacts of witnessing it are huge. Women's Aid has very good programmes for working with children. I imagine that there will be a huge fallout from that and that more funding will be required for Women's Aid to help it to support the children who have been affected, especially during the pandemic.

How will the action plan seek out the vulnerable children who we would normally expect to be the subject of in need referrals, and what will be the lasting impact of the 30% reduction in referrals since December?

Ms McDaniel: The plan includes the definition of a vulnerable child who would be reported to social services. If a referral is made to social services under the plan, that child will be provided with the services deemed necessary to meet whatever needs are present in the family. The family support hubs can assist with that. The 29 hubs that operate across Northern Ireland have continued to provide services throughout the pandemic. Some online services are provided to families through the Children and Young People's Strategic Partnership. I assure you that we are working with families in need.

Referral numbers have consistently gone up, Pam, throughout the pandemic. Since we started to collect data, the number of referrals dropped initially but has continued to increase over the course of the pandemic. There is a slightly different position with child protection referrals. They have risen and dipped when schools closed, for example. The number of referrals for children in need has grown consistently over the period. I assure you that trusts are picking up referrals, providing services to families or referring them to other services as necessary.

Mrs Cameron: That is useful. It highlights the need for us to get the kids back to school as soon as is physically possible, not just for their educational welfare but for their physical and mental welfare. Thank you for those answers.

Ms Ní Chuilín: Thank you for your presentation. I have a couple of questions. First, I appreciate the difficulty that we are in, but we definitely need to have a full equality impact assessment from the Department of Health rather than that stuff being screened out. Clear differences and inequalities are being felt by children but particularly by really vulnerable children.

Secondly, the Children's Law Centre raised the issue of chemical restraints in its presentation. That is very concerning. I would like to hear your views on that. You will appreciate — it was mentioned throughout your presentation — that, without the voluntary and community sector (VCS) working collectively with the trusts and other partners, those children would have been further discriminated against or isolated. I had the privilege of attending a Voice of Young People in Care (VOYPIC) round-table meeting yesterday, and that came up constantly. My concern is that the trusts are now moving from grants to tenders, and if smaller groups in the community and voluntary sector do not have the means — for example, big indemnities are required — they are going to disappear, or else they will not bother applying and will disappear as a result. They do outreach and support to some of our most vulnerable children. I would like your views on that.

My last comment is on a COVID recovery plan. VOYPIC made it very clear yesterday that those children who are coming out of care experienced more isolation and poor mental health. They got moved around and did not get the support that VOYPIC felt that they needed. It was hit-and-miss, and that is not something that any of us wants. I would also like to hear some comments about that. Chair, I think that it would be appropriate for the Children's Law Centre to come to the Committee to present. That is my lot.

Ms McDaniel: Mark, can you take the question about chemical restraints?

Mr Lee: Yes. I am happy to say something on all those points if you want, Eilís, but I will start with the chemical restraints point. Prescribed medication is often part of an overall care plan for some children that will look at psychological behaviour and environmental approaches. It can be a very effective and important part of managing challenging behaviour and minimising risk to individuals.

We expect medication use to involve consultation with the young person and their parents and for it to take account of their views. We are speaking to medical colleagues about how we can have a systematic look at the use of prescribing over the last period and see what impact there has been, but it is important to say that it is part of the system treatment regime for many of the children whom we are talking about here. The context has been a very challenging one, with lockdowns and changes in routine, and that will have had an impact on those children and meant a requirement to look at how we help them manage their behaviour. The medication should have been, and will have been, regularly reviewed to look at side effects and evidence of benefits. The clinicians' aim will always be to use the minimum dose possible for the shortest period possible.

That is the context for some of that. To reassure you, we are seeking to check the use of medication over the last period to see whether there have been increases in its use and, if so, confirm that that use was justified and has been done in the right way. We are as concerned as you are about any suggestion that there may have been an overuse of medication as part of care plans.

Eilís, do you want me to say something on the VCS and mental health support? You can pick up on anything additional to that.

The Chairperson (Mr Gildernew): Mark, you are breaking up slightly, so, please, take it slowly. We are following you, but you are breaking up slightly. Is there anything that you can do to improve that?

Mr Lee: I will slow down, and, please, do ask me to repeat myself if you need me to.

I have two points to make about the voluntary and community sector. First, I absolutely agree that, by providing support to vulnerable young people, it has been a critical part of the response to the COVID-19 situation. At an early stage, we told the trusts that they should continue to pay their contracts with voluntary and community sector bodies in order to guarantee the income for the sector, even if they were not delivering precisely what was in line with those contracts, such as having to change their way of working or not quite delivering the same outcomes. That is one important thing that we have done to recognise the value and importance of those relationships.

Secondly, the COVID-19 crisis has driven a focus on partnership working between the trusts and the voluntary and community sector more strongly than before. Having spoken to groups such as the Association for Real Change (ARC), which represents a range of learning disability providers, I think that there is a real appetite on the VCS side and in the trusts to think about how we can build on some of the good practice that has been established through partnership working and embed it further. We will be taking forward some work with the Health and Social Care Board to look at the learning around how partnerships have been strengthened and to build on the relationships with the voluntary and community sector.

I will address the point about some of the support for mental health being hit-and-miss. These have been challenging circumstances for CAMHS, for instance, in which to provide support. Services have looked to do that through changing their ways of working. They have put more support for people online and have provided online and over-the-phone engagement. They have also done pieces of work on the impact of COVID-19 on children and young people's mental health and have taken action to stop transitions for a period in order to try to provide some stability for young people who are receiving mental health support.

Ricky and his team have led on an important piece of work that has been done jointly with the Department of Education. It is an emotional health and well-being framework for schools that is looking to boost the support that schools can provide to individuals who are suffering from poor mental health; to build the resilience of the school population as a whole; and to identify early opportunities for an intervention to make sure that schools are confident in how they can support pupils and know what service they can turn to. We will be hearing more from the Education Minister and the Health Minister on that framework and on the form of funding of services associated with it. There are initiatives that we would like to take forward to provide additional support through schools for young people's mental health and emotional well-being.

Ms McDaniel: I will add to Mark's input on the voluntary and community sector. I agree fully that we rely very much on the support of that sector. The family support hubs that I referred to function purely on the basis of voluntary and community sector support. There are around 600 organisations associated with the hub network. That is a measure of the extent to which voluntary and community sector organisations contribute to families who need some level of support.

The Department core-grants around 67 voluntary sector organisations. Recognising the difficulties and challenges of the pandemic, we did a couple of things last year. We simplified the application process and gave organisations the flexibility to direct some of their efforts towards COVID responses. We delayed a decision to make an open call for core grant applications for a further year. At the minute, the Minister is considering how he might support those 67 organisations in the current financial year, but that decision has not yet been made.

I will turn to your comments about children in care, Carál. I assure you that we have done everything possible to support children in care during the pandemic. For example, we have provided additional funding support for foster carers and children in residential care. We have relied on the voluntary and community sector in those efforts. VOYPIC has been very involved in providing advocacy and emotional support to some of those children and young people. Likewise, organisations such as the Fostering Network have provided additional IT equipment to children in care to ensure that every child has access to equipment. Around 800 pieces of IT equipment have been provided by the Fostering

Network to children in care. Around 400 pieces of software have also been provided. All those children are being supported by their social worker throughout the pandemic. I assure you that we have done everything possible to ensure that they are fully supported. It has been a challenging time for them, as it has been for social workers, but we have done everything possible.

Ms Ní Chuilín: Chair, can we —

The Chairperson (Mr Gildernew): Yes, briefly, Carál.

Ms Ní Chuilín: — consider having VOYPIC come in with some of those children? VOYPIC was very powerful when it spoke yesterday. I do not think that anybody sets out to exclude or isolate kids, but that is what the impact has been. That is why we definitely need for there to be a full EQIA done on the budgeting process.

Mr Buckley: Thank you, panel, for your detailed report. It highlights what many of us have felt throughout this COVID-19 period, which is that those who are most impacted on by the subsequent restrictions have been our children and young people. That is clear and evident, and we have all been saying that, even if they are the most able in our school settings. As your briefing adequately highlights, it has especially affected children from vulnerable and different backgrounds.

The report should focus our minds on the need to get our children back to full-time education as quickly and safely as possible. It is all too easy for politicians and others to suggest closing schools, but we need to look at the knock-on impacts, and they are evident.

I have been talking to teachers in my constituency, and, as the Chair outlined, they have done a remarkable job. They have been innovative in the way in which they have reached out to children in very difficult circumstances. There are limitations to doing that, however, and those limitations have affected those children who are at risk. Normally, when children are in school, a teacher can physically observe them — sorry, I am hearing something on the line — to look for the worrying signs that they are vulnerable. If they are, a teacher can then report that into the system. With home learning, however, there is no ability via a Zoom call or another video format to observe briefly how a child is doing. Can somebody give me an update on whether any attempts have been made to use video technology to enable teachers to be reassured about the welfare of their pupils?

Why has the Department of Health not used powers of direction or availed itself of emergency volunteer schemes to support vulnerable children in special schools during the pandemic? I will leave it there for the moment, Chair, but I have a couple more questions after I have heard back from the panel.

Ms McDaniel: We have already made the point, and I think that you are agreeing with us, Jonathan, about how important school is to children, not solely to support their learning but to provide some level of safety for them and to promote their welfare. That is one of the reasons that we have consistently tried to get vulnerable children into school during the pandemic. Ricky has reflected how more successful we have been during the third wave than during the first wave, and the numbers have continued to increase week on week.

On the point about children being visible, using a range of methods, social workers have maintained contact with children for whom they are responsible. The preferred method is to see children face to face, but if a risk assessment determines that that is not possible, social workers will use technology to best effect to make contact possible. There have been examples of using Zoom calls, social media, telephone technology and so on to maintain contact with children and young people who are vulnerable. As I said, the preferred method is for social workers to have contact with children face to face, and, simply to make that possible, that sometimes has to happen outdoors.

Ricky, do you want to say anything to what has been said about special schools?

Mr Irwin: It was a good question about special schools, because their situation has been different this term. The Executive, in response to concerns from the first wave, decided that it was important that special schools operated as close to normal from the beginning of this term. That has been the case. Of course, some parents have decided anyway that they want to keep their children at home, and that is fine, but I referenced earlier that attendance has been in and around 3,000 pupils, which is 50% of the special school population. There has been a significant effort made through provision of additional

funding and support from the Department of Education and the Education Authority to the 39 special schools to support them in maintaining their services as best they can.

It has been a challenging time for special schools. I have to acknowledge that. There have been issues with staff shortages and, because of the virus, fears over staff being in schools. We have therefore been working very closely with the special schools' strategic leadership group to work through any issues and provide any additional support that we can. We are learning as the weeks go by. Helpfully, we have been able to put in place a testing regime, which was referred to at the beginning, and we are now moving forward with a vaccination programme for staff who support clinically extremely vulnerable children. As we go through this, more and more support is being identified and provided, and we are keeping the lines of communication firmly open with the special schools to make sure that we are doing everything that we can.

Mr Buckley: I appreciate your answers, and I note from your report how getting those vulnerable children into school throughout the waves has significantly improved, but I stress that, from speaking regularly to teachers, I know that there are still children whom they are worried about who, unfortunately, are not filtering into the school system. What is becoming more alarming than children's welfare, however, is their engagement with the online resource element.

Another devastating element has been the impact on mental health, especially that of our young people. Are there plans to enhance the budget for child and adolescent mental health services as part of medium-term planning for increased demand? When we come out of the COVID-19 restriction period, I *[Inaudible]* the serious mental health issues that face society. Those will probably be even more acute for our young people.

Ms McDaniel: Mark, will you take that?

Mr Lee: Yes. An additional £750,000 for CAMHS was provided in this financial year in recognition of some of the pressures in that area. As I mentioned earlier, there is something being done on core CAMHS capacity, and that £750,000 will provide some additional capacity. There is something being done on the most effective ways of working and on joined-up, regional ways of working, so we have been developing a CAMHS clinical care network, which is noted in the mental health action plan that was launched last spring. That will look at how we make the best use of resources and do the most effective things with what we have got.

I also mentioned the emotional and mental health well-being framework in schools, and we will hear more soon about some of the additional resources that the Department of Health and the Department of Education will be putting into that to look at how we support schools and how we support young people with their mental health. As far as is possible, we will try to intervene early and provide support before a full referral to CAMHS is needed. Some additional funding is therefore going in, and new ways of working are being looked at. The framework for education will be really important and will continue to look closely at CAMHS.

The final point that I will make is that the mental health strategy, which is out for consultation, suggests a commitment to increasing the percentage of the mental health budget that goes to CAMHS to bring it more into line with the 10% average that we expect to see in comparable countries.

Mr Buckley: In the briefing paper, the Minister suggests that parents and students have been engaged by the multidisciplinary panels that are focused on special educational needs. That stands in contrast to what the Children's Law Centre is saying. How is parents' input being maximised in the decisions that are taken?

Ms McDaniel: Maurice, I do not know whether you are on the call. If so, do you want to say something about reference groups?

Mr Maurice Leeson (Health and Social Care Board): Yes. In response to the question about the input of parents, we have input each week from young people and parents to the regional health and education interface group that was referred to. We set up networks through which we are able to talk to parents and young people across Northern Ireland, identify their issues and bring those into the discussions that we are having at the regional group.

Mr Buckley: Thank you.

Mr Carroll: Thank you, panel, for that. I have a couple of questions, but, first, I have an observation. Eilís said that 50% of respondents to the consultation were not happy with the level of services being implemented, which is very concerning. I note the drop in the number of referrals for April last year, and Pam referred to the figure for December 2020. Is there a figure for the total percentage decrease in referrals between 2019 and 2020? We can take a month here and there, but we need a fuller picture of that drop. I noted your answers to Órlaithí about education and the multidisciplinary and vulnerable children panels. My connection was cut off during the presentation, so apologies if I missed this, but is there a strategy for when vulnerable children return to school? There is a process in place for vulnerable children who are in school now, but is there a strategy for the vulnerable children who have been at home, effectively, for a year? Going back to school will be difficult and traumatic. I might have missed it, but is there a strategy in place for that?

Ms McDaniel: I will take your question about referral numbers. The point that we made is that the figure dropped at the start of the pandemic, when schools closed and children were less visible. I also made the point that the number has consistently grown over the course of the pandemic. The figure for the week beginning 8 February is that 755 children were referred to social services that week. The pre-COVID weekly average was 646. You can see that the number is quite a bit higher than it was pre-COVID, and it has stayed consistently high during the pandemic.

I made the point about child protection referrals and that pattern not being quite the same. There has been a trend of a spike, followed by a fall, followed by a spike and followed by a fall. That is mainly related to schools closing. When schools close, the numbers go down; when they reopen, the number goes back up. We are in that phase at the minute. The child protection referral numbers dropped to their lowest level around 11 January this year, although there has been some recovery over the last couple of weeks. There is a direct link between schools closing and the number of child protection referrals. Other referrals of children in need have consistently grown over the period of the pandemic.

Mr Carroll: OK. The question about education: is that Eilís or Ricky?

Mr Irwin: I will take that, Eilís. Gerry, it is a good question. The key point to begin with is that vulnerable children, according to the definition, have had access to school throughout. Our objective has been to get as many vulnerable children as possible into school for supervised learning. The Department is looking at the broader planning for education restart. The Engage programme provided funding to all schools, before Christmas, to support lost learning. We are looking at lessons from that and how we can expand it for a new restart programme. We are also looking at options around what can be done in the summer to provide additional support. Importantly, alongside all that, we need to consider what additional well-being support needs to be provided. Mark referred to the well-being framework, which, to be fair, we were working on prior to the pandemic. We need to think about what additional well-being support, as a result of COVID, will be needed. I have recently engaged with Siobhan O'Neill, the mental health champion, on that issue. We want to work with our education partners, the Education Authority, but also with school practitioners. We need to get their feedback on the sort of strategy that we need to put in place for education restart, the levels of support that are needed and how best to do that. I can give the assurance that those conversations are happening in the Department. I am happy to come back, hopefully in the not too distant future, to give an update on where we have got to with that.

Mr Carroll: Thanks for the replies. That would be useful. It will be difficult for children who are not vulnerable to return to school, so vulnerable children will be faced with all sorts of challenges. I suggest that a lot of effort needs to go into framing that strategy, and I would appreciate an update on that.

I have two final points. It is quite concerning that there is no mention of respite services in the consultation. Furthermore, we heard about mental health previously, but, given the news this week that 50% of GPs in my constituency of West Belfast do not have any in-house counselling or mental health services, I am very concerned that vulnerable children, who will soon become adults and will no longer be under the care of CAMHS, have a one-in-two chance of seeing or not seeing a GP service for mental health support. Is any work being done to look specifically at that and to plug that gap?

Ms McDaniel: Mark, can you take those questions?

Mr Lee: On the current, broader mental health support as people move to adult services and gaps in provision through GP services, there is the mental health strategy, which is out for consultation at the

minute. It is looking to generally improve the mental health of the population and the services that we provide for people.

We recognise the importance of continuing to roll out the primary care multidisciplinary team model, including mental health practitioners based in GP practices. There is a commitment to looking again at our psychological services strategy. We want to look at how we can expand and improve the current psychological therapies hubs and the provision that is made through them. That is a key way of accessing talking therapies.

I absolutely recognise the challenge that you are setting out. We have put down some of the things that we want to do in response to that through the mental health strategy, such as continuing to invest in psychological therapies and continuing to roll out additional support in primary care.

Mr Chambers: I appreciate that a strategy is only as good as the ability to deliver it. This is bound to be a hugely challenging time for the Department, and I am sure that it has not been immune to the effects of the pandemic and to staff being off self-isolating. How has the Department managed home visits? I am sure that that has been a big challenge. Has it been able to manage the issue to be able to maintain its level of service, given the staff shortages that it has possibly had?

Ricky and Gerry alluded to my second point, which is that the consultees identified homeschooling issues. It is easy to identify parents who do not speak English and may not have the capacity to homeschool their children, but there will be a lot of other parents who do not have the capacity, for whatever reason, and are just too embarrassed to admit that. Will there need to be a period, at the end of the pandemic, to evaluate where every child is in their educational development? Through no fault of their own, they will have fallen behind, and that may have implications for their educational development going forward. That needs to be identified and dealt with. It will be a huge challenge, but does the Department feel that we will need to evaluate each child individually, both vulnerable and non-vulnerable, to see where they are in their development?

Ms McDaniel: Alan, I will start by responding to your question about home visits. I think that it has already been touched on. Home visits are the preferred way of seeing children face to face. That will happen where it can happen. There may be some circumstances where it is not possible, and that is all subject to a risk assessment. If the risk assessment determines that it is not possible, other ways of maintaining contact with that child and family will be established. I want to assure you of that.

You asked about staffing. In social services and in children's social services that I am speaking of, in particular, we did not have the staffing challenges that we anticipated during the first wave of the pandemic, but that changed in the third wave. We had more staff on sick leave and having to self-isolate. To compensate for that, the Department put out a workforce appeal, and, though that, we recruited social workers and social care workers. The plan, at the minute, is to put an additional 10 social care workers into each of our health and social care trusts. That is in train at the moment.

We got graduates into the workforce more quickly than we would have done in any other year. Those graduates had support and mentoring arrangements around them. We have used emergency rotas. Staff have agreed to participate in emergency rotas. We used allied health professionals in our children's homes, for example, when we had difficulties staffing them. Again, those AHPs had support and training made available to them.

We have looked at the skills mix. In one of our trusts, the South Eastern Trust, qualified youth workers were employed to work in children's services. Some trusts have used different approaches. In the Belfast Trust, children's disability teams developed what they call "the team around the child", and that takes the place of traditional caseworker models of working. It means that, when a child has a particular need, any member of the team can pick up that child's case and deal with it immediately, instead of waiting until an individual caseworker is available.

Mr Chambers: I congratulate you on how you have dealt with that challenge. Thank you.

Ms Hunter: I thank the panel for coming before us. Members have touched on a few points that I was going to raise. You mentioned that vulnerable children include those who are receiving support from or have been referred to child and adolescent mental health services. Over the period of COVID-19, children and young people have been on their phones, tablets and laptops, and their online risk and exposure have been increased. What cross-departmental steps are being taken to protect children and young people from online harm, such as cyberbullying and grooming?

Ms McDaniel: I will pick that up, Cara. A range of supports is already available. Resources exist, some of which are available through nidirect, to support children or parents in dealing with online challenges. You are right: children are at greater risk of online harm during the pandemic. It is one of the issues that we specifically identified in the plan as something that we needed to deal with.

The cross-departmental online strategy was launched last week, on 9 February, to coincide with Safer Internet Day. That strategy is now in place, and we will support its implementation with an investment in the Safeguarding Board for Northern Ireland. The Safeguarding Board will take forward some of the activity under the strategy, and it will be funded to do that.

I will draw one other thing to your attention. During the pandemic, the Department for Digital, Culture, Media and Sport (DCMS) and the Home Office have published their response to the 'Online Harms White Paper' report. The proposal is to introduce a duty of care that will apply to companies and make them responsible for the safety of people who use their services, and that includes *[Inaudible]* technology. An independent regulator will be put in place to oversee that. I understand that the legislation to make that possible will be introduced in 2021.

In short, some support is already available for children and families. We have just published a strategy that is intended to increase those supports, and that will be further supported by developments taken forward by the UK Government.

Ms Hunter: That is wonderful. Thank you. My next question is about the Peace4Youth programme that the consultation paper refers to. Will you expand on what that entails?

Ms McDaniel: Ricky, can you take that one?

Mr Irwin: I would love to, but, unfortunately, I do not have the detail on that. Cara, can I come back to you on that? Sorry about that.

Ms Hunter: That is fine. Thank you.

I read that one of the actions is to help with home learning via online resources, which is welcome. As we know, COVID has had a detrimental impact on education through issues such as rural barriers and digital poverty. Is there any cross-departmental discussion on taking steps to help with the cost of broadband and Wi-Fi?

Mr Irwin: I will come back in on that point. That has been a big issue for the Department since the beginning of the pandemic. There has been investment in additional devices, which have been allocated to schools and to various groups of vulnerable children. We are at the point now where about 17,700 additional devices have been provided.

There was also an announcement on Wi-Fi and mobile connectivity for children and young people, particularly in rural settings. There were 2,500 Mi-Fi devices provided, which is a mobile connectivity solution that has been provided. Wi-Fi vouchers have been provided as well. The Department and the EA have worked very hard on that, and we continue to monitor and to respond to demand. We want to try to keep supporting that as best we can.

Ms Hunter: That is great. Thank you.

The Chairperson (Mr Gildernew): Thank you, panel, for those answers. Eilís, I want to raise the digital inequalities issue with you today, and that covers a number of areas including broadband, rural broadband, access to devices and the ability to use the devices effectively. What steps are being taken to address digital inequalities?

Ms McDaniel: Ricky has partly picked up on the response to that. Additional equipment has been made available to priority groups, and that includes vulnerable children and looked-after children. Some of that has been provided by the EA, and trusts have also made provision. The Fostering Network, supported by its contract with the Health and Social Care Board, has made devices and software available to children in foster care. All of that is to address the digital inequality that you refer to. The pandemic has exposed the extent to which digital inequality exists among families, and it is probably something that will need to be addressed with a wider strategy going forward.

The Chairperson (Mr Gildernew): What is your assessment of access to broadband in certain rural areas? Having a device is one thing, but do you know how rural broadband coverage has impacted on people? Have you looked at practical support to provide broadband coverage in some other way? Is that covered by the Mi-Fi that was referred to earlier?

Ms McDaniel: There have been attempts at internet solutions, including some of the technology that Ricky referred to, such as the Mi-Fi devices, dongles, SIM cards, BT vouchers, etc. They have all been made available to address some of the internet difficulties that children and families have. I cannot comment on particular difficulties in rural areas, Chair. We can follow that up for you.

The Chairperson (Mr Gildernew): Yes, that is an important issue, because there are swathes of areas that are potentially not able to get online in any form, and that could be a worry as well.

I want to go back to the issue of chemical restraints. Can you provide the Committee with a detailed briefing on how often that is used and what the increases are? Could you provide that information on chemical restraints on an ongoing basis — say, monthly — Eilís? That is an area of concern.

Ms McDaniel: I look to Mark on that one, Chair, because that is in his area of responsibility.

Mr Lee: We need to see what groups we will want to capture in that, if you see what I mean. We will check with colleagues what information is captured, on what basis and what we could share with you. We will then come back with a proposition for you, if that is OK.

The Chairperson (Mr Gildernew): OK. Yes, that is fine.

I thank you all for your contribution to our meeting this morning. We have mentioned the work of teachers and school communities several times, but I also acknowledge social workers, healthcare workers, the voluntary sector and everyone who is contributing. We all recognise that safeguarding is everyone's role, and it is crucial that people remain alert to the potential of children needing assistance or protection.

Thank you for your attendance this morning. We will continue our consideration of your presentation and think about what further steps we might want to take in this important area. I thank you and wish you all the best of luck. Stay safe, and take care in the time ahead. Go raibh maith agaibh.